

Wichita Municipal Court
455 N Main Wichita KS 67202-1667
316.268.4611
www.wichita.gov
RECORD CHECK REQUEST

Please Print all information

Requesting Person:

Company:

Contact Phone number:

Mailing Address (required):

City, State, Zip:

I am requesting information on the below named individual:

Full Name:

Last

First

MI

Alias/Maiden Name:

Date of Birth:

Social Security Number:

Male

Female

Race:

Wichita Municipal Court does not research specific personal information (i.e. home addresses, social security numbers, etc.), that information may or may not be contained on a copy of a court document.

Pick-up information (Check only one)

I will pick up this information

Mail this information

Fax this information ()

Records may be picked up on (date):

. Records left unclaimed after 14 days are destroyed.

RECORD CHECK & COPY FEES		
SERVICE	FEE	Note
Record Check request	\$20.00 per individual	Pay at time of request.
Copy of paper document	0.30¢ per page/side	Pay upon pick-up
Copy of microfilmed document	\$3.00 per page/side	Pay upon pick-up
Certification	Add \$2.00 per page	Pay upon pick-up

Copying and certification fees must be paid prior to release of records.

Requestor wants:

Needs

copies of:

Certification?

Requestor's Signature: _____ **Date:** _____

I verify I am not making this request to seek names or addresses in these records for the purpose of selling or offering for sale any property or service to the persons listed therein as provided in K.S.A. 21-3914.

Specialist accepting this form: _____ **Date:** _____

Record check completed on (date): _____ **By:** _____